HealthManagement
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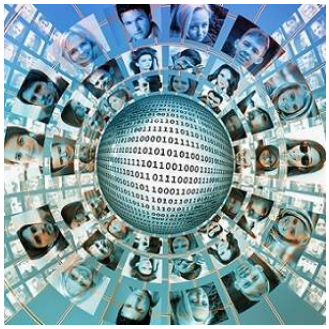
Medical Mix Up? Patient Identity



Electronic health information exchange (HIE) is supposed to make coordination between care teams easier, resulting in a better patient experience. It's therefore important for hospitals to ensure that patients' records are correct — ie, no erroneous entries.

However, errors in typing in names and numbers are rather common, given that many different people in a hospital add information to patient records, often under stressful conditions. In addition, data fields in information systems don't follow a standard format. For example, birthdates can be listed by month, day, and year or by day, month, and year.

HIE may also get problematic when the information for one person gets attributed to the record of someone else with a similar name, raising the potential for medical errors. In Houston, the Harris County Hospital District found 2,488 patients named Maria Garcia, and 231 of them share the same birthdate.

Healthcare systems have teams who track down and fix duplicate records and other confusion. Still, individual systems are likely to have error rates from 7 percent up to 40 percent. When you combine a number of hospitals' databases, all of them with some patient ID errors, and mix them up in an HIE, the potential for chaos is multiplied to an estimated 50 to 60 percent error rate.

See also: Are EHRs Letting Patients Down?

Professionals who run data systems for hospitals have suggested using pre-assigned identification numbers that every American can use in all their medical and health insurance encounters, something that was actually called for in the original 1996 HIPAA law. However, due to the political sensitivity on the issue, it's unlikely that a mandatory system of patient identifiers is going to be part of legislation. Many insiders say they hope that "someone" will put together a voluntary personal identifier that patients can adopt themselves.

"Even the best patient matching we have has errors," says Aaron Seib, CEO of the National Association for Trusted Exchange. "It's expensive to manage it this way and it involves patient safety risks. You should have the right to have a voluntary identifier so there is no fuzzy matching of your medical information."

High-tech solutions for reliably identifying patients depend on biometric technologies such as retina or fingerprint scans, which some large hospitals are already using to foil medical identity theft.

Health plans have stayed out of the patient ID mess for the most part, as they have managed claims by using their own assigned membership numbers. However, as they join with providers to swap data, they'll have to ensure they are applying the right clinical records to their members. This is accomplished in part by specialised software that uses algorithms to predict whether a match is correct based on whatever demographic fields are available. Humans have to manually review those that don't match.

Cal INDEX, the HIE set up by Anthem Blue Cross and Blue Shield of California, says its software has managed to make successful matches about 85 percent of the time. For the rest of the questionable records, staff members have to manually reconcile them, which is expensive. "It's one of the more difficult parts of HIE and will be until we can uniquely identify people," according to Cal INDEX CEO Dave Watson.

Source: Managed Care
Image credit: Pixabay

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